



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor : Caroline Matheson

Appln. No.: 09/936,623

Filed : February 13, 2002

For : MAN-MADE DIALOGUE SYSTEM AND

METHOD

Docket No.: M61.12-0392

Group Art Unit: 2654

Examiner:

Abul K. Azad

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I HEREBY CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL, FIRST CLASS, TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, THIS

DAY OF March

_, 20<u>03</u>

PATENT ATTORNEY

Sir:

This is in response to the Office Action mailed on December 28, 2004. Please amend the above-identified application as follows.

04/01/2005 DEMMANU1 00000023 09936623

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200.00 OP

Application Number O99/35.623 February 13, 2002 Filing Date Caroline Matheson Examiner Name 2654 Art Unit Abul K. Azad Att Unit Abul K. Azad Abul K. Azad Att Unit Abul K. Azad Att Unit Abul K. Azad Att Unit Abul K. Azad Abul K					. Com	plete if Kn				<u> </u>	
Filing Date February 13, 2002 Filing Date February 13, 2002 Filing Named Inventor Caroline Matheson Examiner Name Z654 An At Unit Abul K. Azad Ant Unit Abul K. Azad METHOD OF PAYMENT (5) 200 Attorney Docket Number M51.12-0392 METHOD OF PAYMENT (Check all that apply) III Check Gredit Card Money Order None Other (Please Identify); Deposit Account Number 23-1123 Deposit Account Number Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feels) indicated below Charge feels indicated below Charge feels) indicated below Charge feels indicated below Charge feels indicated below Charge feels) indicated below Charge feels indicated below Charge feels) indicated below Charge feels Microbial below Mic		Ap	Application Number			09/936,623					
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Application triangles mail entity status. See 37 CFR 1.27 Art Unit Applicant dainagemail entity status. See 37 CFR 1.27 Art Unit Applicant Dainagemail entity status. See 37 CFR 1.27 Art Unit Applicant Dainagemail entity status. See 38 CFR CFR See (8) Eee						C	Caroline Matheson				
METHOD OF PAYMENT (S) 200					Examiner Name			2654			
METHOD OF PAYMENT (Check all that apply)	Applicant claims mall entity status. See 37 CFR 1.27							Abul K. Azad			
Signature Check Credit Card Money Order None Other (Please Identify): Deposit Account Name; Vestman, Champlin and Kelly	TOTAL AMOUNT OF	PAYMENT	(\$) 200	Att	orney Dock	et Numbe	r M	61.12-03	92		
Sepacial Account Number	METHOD OF PAYMENT (Check all that apply)										
Application Type	Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17										
Part	FEE CALCULATION										
Small Entity Small Entity Eee (\$) Fee	1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
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fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 0 -100 = 0 /50 = 0 (round up to a whole number) x 250 = 0 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) 49,027 Telephone: 612-334-3222	Fee Description Each claim over 20 of Each independent of Multiple dependent of Total Claims 20 HP = highest number of total Indep. Claims 4 HP = highest number of indep. 3. APPLICATION SIZ	or, for Reissues, or aim over 3 or, for claims Ext - 20 or HP = al claims paid for, if gre Ext - 3 or HP = lependent claims paid	tra Claims 0 x eater than 20 tra Claims 1 x for, if greater than 3	Fee (\$) 50 Fee (\$) 200	Fee = Fee = 2	e than in t Paid (\$) 0 Paid (\$) 200	the origina		50 200 360 <u>Mu</u> <u>Fee</u> 360	(\$) Fee (\$) 25 100 180 Iltiple Dependent Claims (\$) Fee Paid (\$) 0 0	
SUBMITTED BY Signature Registration No. (Attorney/Agent) 49,027 Telephone: 612-334-3222	fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets										
Signature (Attorney/Agent) 49,027 Telephone: 612-334-3222											
Name (Print/Type) Linda P. Ji Date:	Signature					-		49	,027	Telephone: 612-334-3222	
	Name (Print/Type)	Linda P. Ji				_				Date:	

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